

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE: FAX NO. (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE <input type="checkbox"/> Butte County Courthouse <input type="checkbox"/> North Butte County Courthouse One Court Street, Oroville, CA 95965 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002 (530) 532-7002	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
FAMILY LAW CASE MANAGEMENT: STATUS CONFERENCE STATEMENT	
CASE NUMBER:	

STATUS CONFERENCE **DATE:** _____ **TIME:** _____ **DEPT:** _____

1. I am: a. attorney for petitioner or respondent
 b. self-represented petitioner or self-represented respondent
 c. other (explain): _____

The other party is is not represented by an attorney.

Opposing attorney or self-represented party's name, address, and telephone number is:

Name: _____ Representative: _____

Address: _____

Phone: _____

Additional parties and representative information attached.

2. NATURE OF CASE

- a. Have the parties reconciled Yes No
- b. Has the Respondent been served with the Summons and Petition..... Yes No
- c. Do the parties expect to make an agreement..... Yes No
- d. Has this case settled Yes No
 Judgment will be filed on/before: _____
- e. Parties working on an agreement and request the CMC be continued Yes No
- f. Has the Petitioner served Respondent with Disclosure Documents..... Yes No
- g. Has the Respondent served Petitioner with Disclosure Documents Yes No
- h. Have the parties had a meeting to try and settle all issues Yes No
- i. Are the parties involved in any private mediation Yes No

NOTICE: You must file this document at least five (5) calendar days before the hearing date listed above.

